



Name: _____

Sex: Male

Female

Today's Date: ____ DD ____ MM ____ YY

Date of Birth: ____ DD ____ MM ____ YY

Age: ____

1. **How often in the past month have you:**

circle "0" if not at all and circle "3" if daily

	not at all	at least once	weekly	daily
Thought about injuring yourself without the intention to kill yourself?	0	1	2	3
Actually injured yourself, without the intention to kill yourself?	0	1	2	3

2. **How often in the past 6 months have you:**

circle "0" if not at all and circle "4" if daily

	not at all	1 to 5 times	monthly	weekly	daily
Thought about injuring yourself without the intention to kill yourself?	0	1	2	3	4
Actually injured yourself, without the intention to kill yourself?	0	1	2	3	4

3. **How often in the past year have you:**

circle "0" if not at all and circle "4" if daily

	not at all	1 to 5 times	monthly	weekly	daily
Thought about taking your life (killing yourself)?	0	1	2	3	4

4. **Have you ever made an actual attempt to take your life?** no yes

If yes, then please indicate the number of times:

in the past month: ____ in the past 6 months: ____ in the past year: ____ prior to one year ago: ____

5. **Have you ever been treated by a doctor after injuring yourself on purpose? (e.g., stitches, wound dressings, etc.)**

no yes

If yes, how often did a doctor treat you in the past year for hurting yourself on purpose? _____ time(s)

6. **Have you been kept in hospital because of hurting yourself on purpose?**

no yes

If yes, how many times in the past year did you stay overnight in emergency? _____

If yes, how many times in the past year did you get admitted to a hospital unit? _____

Mary Kay Nixon, M.D. & Paula Cloutier, M.A.
Copyright 2005

Researchers and clinicians working in non-profit or publicly owned settings (including universities, non-profit hospitals, and government institutions) may make single copies of the OSI instrument for their own clinical and research use.

7. **If you indicated that you had thought about or actually injured yourself in questions 1-4:**
How old were you when you started to self-injure? _____ (years old)

8. **The first time you hurt yourself, where did you get the idea?** (please only one)

- | | |
|---|---|
| <input type="checkbox"/> I read about it on an internet website | <input type="checkbox"/> I heard about it from other people in a non-hospital setting |
| <input type="checkbox"/> I read about it on a Web Blog | <input type="checkbox"/> I heard about it from other people in a hospital setting |
| <input type="checkbox"/> I read about it in a book or magazine | <input type="checkbox"/> I saw other people do it in a hospital setting |
| <input type="checkbox"/> I saw it happen in a movie or on television | <input type="checkbox"/> It was my own idea |
| <input type="checkbox"/> I saw other people do it in a non-hospital setting | <input type="checkbox"/> Other (please list) _____ |

9. **When you get the urge to hurt yourself:**

	Not at all	somewhat			extremely
<i>circle "0" if not at all and circle "4" if extremely</i>					
The urge is distressing / upsetting	0	1	2	3	4
The urge is comforting	0	1	2	3	4
The urge is intrusive / invasive	0	1	2	3	4

10. **Do you only harm yourself after taking drugs or alcohol?** no yes

11. **Do you let other people know that you harm yourself?**

- | | | | |
|--------------------------------------|-----------------------|---|--|
| <input type="checkbox"/> no one | who do you tell?
→ | <input type="checkbox"/> friend(s) | <input type="checkbox"/> family member(s) |
| <input type="checkbox"/> some people | | <input type="checkbox"/> psychologist/psychiatrist | <input type="checkbox"/> family doctor |
| <input type="checkbox"/> most people | | <input type="checkbox"/> other Mental Health Professional | <input type="checkbox"/> school counsellor |
| | | <input type="checkbox"/> telephone helpline | <input type="checkbox"/> other (specify) |

12. a) **What areas of your body did/do you injure?**

Please (✓) all that apply

	WHEN YOU FIRST STARTED	CURRENTLY (past month if still self-injuring)
Scalp		
Eye(s)		
Ear(s)		
Face		
Nose		
Lips		
Inside of mouth		
Neck/throat		
Chest		
Breast(s)		
Back		
Shoulder(s)		
Abdomen		
Hips/buttock(s)		
Genitals		
Rectum		
Upper arm/elbow		
Lower arm/wrist		
Hand/fingers		
Thigh/knee		
Lower leg/ankle		
Foot/toes		
Other (specify):		

b) Above, please circle the part that you currently injure the most

13. a) **How did/do you injure yourself (without meaning to kill yourself)?**

Please (✓) all that apply

	WHEN YOU FIRST STARTED	CURRENTLY (past month if still self-injuring)
Cutting		
Scratching		
Interfering with wound healing		
Burning		
Biting		
Hitting		
Hair pulling		
Severe nail biting and/or nail injuries		
Piercing skin with sharp pointy objects		
Piercing of body parts		
Excessive use of street drugs		
Excessive use of alcohol		
Trying to break bones		
Headbanging		
Taking too much medication		
Taking too little medication		
Eating or drinking things that are not food		
Other (specify):		

b) Above, please circle the method that you currently use the most

14.

If you continue,
why do you continue?

Why did you start?

Why do you think you started and if you continue, why do you still self-injure (without meaning to kill yourself)? <i>Please circle the number that best represents how much your self-injury is due to that reason. Circle "0" if it has never been a reason that you self-injure and "4" if it has always been a reason that you self-injure.</i>	Why did you start?			If you continue, why do you continue?						
	Never a reason	Sometimes a reason	Always a reason	Never a reason	Sometimes a reason	Always a reason				
1. to release unbearable tension	0	1	2	3	4	0	1	2	3	4
2. to experience a "high" that feels like a drug high	0	1	2	3	4	0	1	2	3	4
3. to stop my parents from being angry with me	0	1	2	3	4	0	1	2	3	4
4. to stop feeling alone and empty	0	1	2	3	4	0	1	2	3	4
5. to get care or attention from other people	0	1	2	3	4	0	1	2	3	4
6. to punish myself	0	1	2	3	4	0	1	2	3	4
7. to provide a sense of excitement that feels exhilarating	0	1	2	3	4	0	1	2	3	4
8. to avoid getting into trouble for something I did	0	1	2	3	4	0	1	2	3	4
9. to distract me from unpleasant memories	0	1	2	3	4	0	1	2	3	4
10. to change my body image and/or appearance	0	1	2	3	4	0	1	2	3	4
11. to belong to a group	0	1	2	3	4	0	1	2	3	4
12. to release anger	0	1	2	3	4	0	1	2	3	4
13. to show others how hurt or damaged I am	0	1	2	3	4	0	1	2	3	4
14. to experience physical pain in one area, when the other pain I feel is unbearable	0	1	2	3	4	0	1	2	3	4
15. to stop people from expecting so much from me	0	1	2	3	4	0	1	2	3	4
16. to relieve feelings of sadness or feeling "down"	0	1	2	3	4	0	1	2	3	4
17. to stop me from thinking about ideas of killing myself	0	1	2	3	4	0	1	2	3	4
18. to stop me from acting out ideas of killing myself	0	1	2	3	4	0	1	2	3	4
19. to produce a sense of being real when I feel numb and "unreal"	0	1	2	3	4	0	1	2	3	4
20. to release frustration	0	1	2	3	4	0	1	2	3	4
21. to get out of doing something that I don't want to do	0	1	2	3	4	0	1	2	3	4
22. to prove to myself how much I can take	0	1	2	3	4	0	1	2	3	4
23. for sexual excitement	0	1	2	3	4	0	1	2	3	4
24. to diminish feeling of sexual arousal	0	1	2	3	4	0	1	2	3	4
25. other (please specify):	0	1	2	3	4	0	1	2	3	4

15. **If you indicated that you had thought about or actually injured yourself in questions 1-4, do you feel relief (better) after harming yourself?**

Never	Sometimes		Always	
0	1	2	3	4

circle "0" if never and circle "4" if always

If you feel relief, how long does the relief last? *(please (✓) only one)*

- less than 1minute
 1 to 5 minutes
 6 to 30 minutes
 31 to 60 minutes
 hours
 days

16. Once you think about harming yourself, do you always do it? yes no

17. When you hurt yourself on purpose, on average, how much time goes by between thinking about it and doing it? *(Please (✓) 1 item only)*

- less than 1 minute
 over 30 minutes but less than 1 hour
 1 minute to 5 minutes
 hours
 6 minutes to 30 minutes
 days

18. **Do you feel physical pain when you harm yourself?**

Never	Sometimes		Always	
0	1	2	3	4

circle "0" if never and circle "4" if always

19. **Do you hurt or think about hurting yourself after stressful things happen?**

Never	Sometimes		Always	
0	1	2	3	4

circle "0" if never and circle "4" if always



If you indicated that you thought about or actually injured yourself in questions 1-4, what kinds of stressful situation(s) typically led to self-injury?

- abandonment (please specify) _____
 failure (please specify) _____
 loss (please specify) _____
 rejection (please specify) _____
 other (please specify) _____

20.

Since you started to self-injure, have you found that: <i>circle "0" if never and circle "4" if always</i>	Never	Sometimes	Always
1. The self-injurious behaviour occurs more often than intended?	0	1	2 3 4
2. The severity in which the self-injurious behaviour occurs has increased (e.g., deeper cuts, more extensive parts of your body)?	0	1	2 3 4
3. If the self-injurious behaviour produced an effect when started, you now need to self-injure more frequently or with greater intensity to produce the same effect?	0	1	2 3 4
4. This behaviour or thinking about it consumes a significant amount of your time (e.g., planning and thinking about it, collecting and hiding sharp objects, doing it and recovering from it)?	0	1	2 3 4
5. Despite a desire to cut down or control this behaviour, you are unable to do so?	0	1	2 3 4
6. You continue this behaviour despite recognizing that it is harmful to you physically and/or emotionally?	0	1	2 3 4
7. Important social, family, academic or recreational activities are given up or reduced because of this behaviour?	0	1	2 3 4

21.

If you are trying to resist hurting yourself, what do you do instead? <i>Please (✓) all that apply</i>	
Never try to resist	
Talk with someone	
Exercise / sports	
Reading writing, music, dance	
Watch television, play video or computer games	
Do things to relax (e.g., hot bath, yoga, deep breathing)	
Use alcohol and or street drugs	
Do anything to keep hands busy	
Other (specify):	

b) For question 21, please circle the most helpful thing you do to resist hurting yourself.

22. **How motivated are you at this time to stop self-injuring?**

Not at all Motivated	Somewhat Motivated	Extremely Motivated		
0	1	2	3	4

23. **What treatment(s) if any, have you received with the goal of reducing and/or eliminating your self-harm?**

(Please (✓) all items that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> I have not had treatment | <input type="checkbox"/> I declined treatment | <input type="checkbox"/> Self help (e.g., self-help books, internet) |
| <input type="checkbox"/> individual therapy | <input type="checkbox"/> school counselling | <input type="checkbox"/> group therapy |
| <input type="checkbox"/> family therapy | <input type="checkbox"/> medication (please specify) _____ | |

other (please specify) _____

24. **What treatment(s) if any, have you found the most helpful in reducing and/or eliminating your self-harm?**

(Please (✓) all items that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> I have not had treatment | <input type="checkbox"/> I declined treatment | <input type="checkbox"/> Self help (e.g., self-help books, internet) |
| <input type="checkbox"/> individual therapy | <input type="checkbox"/> school counselling | <input type="checkbox"/> group therapy |
| <input type="checkbox"/> family therapy | <input type="checkbox"/> medication (please specify) _____ | |

other (please specify) _____

25. **I feel that this questionnaire has fully described my experience of Self-Injury**

Strongly Disagree	Somewhat Agree	Strongly Agree		
0	1	2	3	4

26. **Is there anything else you would like to share with us regarding your self-injury behaviour?**
